DOCUMENT RESUME

ED 280 557 PS 016 319

TITLE Report and Recommendations on Infant Mortality in Mississippi.
INSTITUTION Mississippi Governor's Office of Human Development Commission for Children and Youth, Jackson.
PUB DATE Nov 85
NOTE 19p.; Developed by the Infant Mortality Task Force.
AVAILABLE FROM Commission for Children and Youth, 301 West Pearl Street, Jackson, MS 39203-3093.
PUB TYPE Reports - Descriptive (141) -- Viewpoints (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Birth Weight; Coordination; Financial Support; *Government Role; Guidelines; *Infant Mortality; *Intervention; Prevention; *Program Development; Standards; *State Action; State Programs
IDENTIFIERS *Mississippi; Perinatal Education

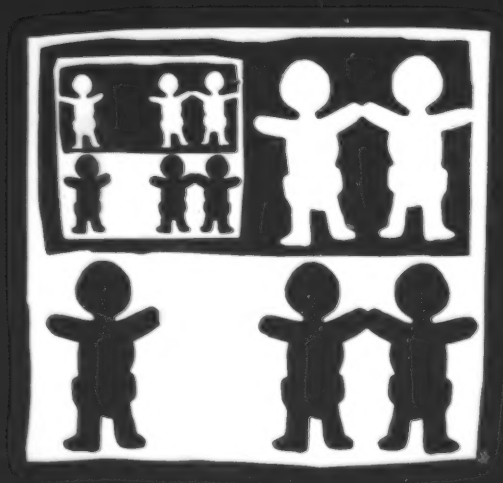
ABSTRACT

Mississippi continues to lead the nation in excessive infant deaths, as shown by the 1984 infant mortality rate of 14.4 deaths per 1,000 live births. This report offers recommendations for actions that should be taken by various entities to rectify the problem. Recommendations are made in the areas of (1) public awareness of teen pregnancy problems and prenatal care benefits; (2) guidelines, standards, and coordination of public health maternity programs; (3) education for care providers; (4) finance of public access to care as related to medical malpractice insurance, Medicaid, uncompensated care, maternal and infant transport, and the University of Mississippi Medical Center; and (5) the development of recommended interventions to prevent low-birthweight in Mississippi. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED280557

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.



Report and Recommendations On Infant Mortality In Mississippi

PS 016319

Developed by the
Infant Mortality Task Force
of the Commission for Children and Youth

November 1985

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Nellie Hutchison
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
JACKSON 39205

BILL ALLAIN
GOVERNOR

POST OFFICE BOX 139

January 17, 1986

Dr. Earl Fox
Chairman
Mississippi Infant Mortality Task Force
Mississippi Department of Health
2423 North State Street
Jackson, Mississippi 39216

Dear Earl:

I have read the report of the Mississippi Task Force on Infant Mortality carefully, and I want to commend the Task Force members for their dedication in submitting timely and thoughtful recommendations. I generally support the report and recommendations in their entirety; however, limitations on the availability of state funds during this fiscal year may delay implementation in some areas.

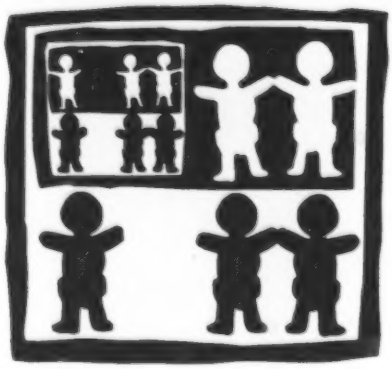
I am requesting that Mrs. Beverly W. Hogan, Executive Director of the Governor's Office of Federal-State Programs, review the report and identify those recommendations which can be incorporated within the existing state government network at no additional expense. I am also asking that she classify the remaining recommendations according to potential funding sources and the need for legislative action.

It is apparent that the Task Force members have put a great deal of effort into the preparation of this report. Please express my appreciation to them for calling these issues and recommended solutions to my attention. I feel confident that, with the support of the Task Force, we can more effectively solve the problems of infant mortality in Mississippi.

Respectfully,

Bill Allain

BILL ALLAIN
GOVERNOR



Report and Recommendations On Infant Mortality In Mississippi

Developed by the
Infant Mortality Task Force
of the Commission for Children and Youth
Nellie Hutchison, Director
Claude Earl Fox, M.D., M.P.H., Chairperson

Department of Human Development
Michael Raff, Director

Governor's Office of Federal-State Programs
Beverly W. Hogan, Executive Director

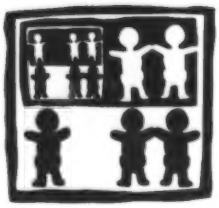
Bill Allain, Governor

Funds for printing and distribution of this report provided by a grant for Special Projects of Regional and National Significence (MJC-283404) supported by the Division of Maternal and Child Health, Bureau of Health Care Delivery and Assistance, Public Health Service, US Department of Health and Human Services. Project administered by the Division of Reproductive Health, Bureau of Health Services, Mississippi State Department of Health.

Report published by the Office of Public Relations, Mississippi State Department of Health.

Additional copies available from the Commission for Children and Youth, 301 West Pearl Street, Jackson, Mississippi 39203-3093, telephone 601/949-2009.

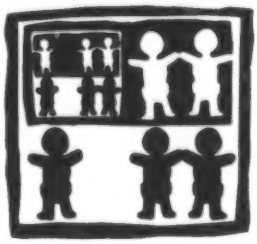
Table of Contents



Overview of the Problem: Infant Mortality 1
Recommendations:
- Public Awareness 2
  - Teen Pregnancy 2
  - Prenatal Care 3
- Guidelines, Standards, and Coordination 4
- Provider Education 6
- Finance and Access 7
  - Medical Malpractice 7
  - Medicaid 7
  - Uncompensated Care 8
  - Maternal and Infant Transport 9
  - University of Mississippi Medical Center 9
- Special Studies 10

Summary 11
Infant Mortality Task Force Members 12

Overview of the Problem: Infant Mortality



Mississippi continues to lead the nation in excessive infant deaths, with the 1984 infant mortality rate of 14.4 deaths per one thousand live births, which is one of the highest rates in the nation.

This mortality rate is particularly notable when looking at the proportion of non-white deaths as a contributor. The non-white infant mortality rate (19.2) continues to be almost twice that of the white rate (9.9) The overall low-birthweight rate (8.4) or proportion of small babies born to Mississippi mothers is approximately the regional average: white 5.2 and non-white 11.9. The higher proportion of non-white population results in a high low-birthweight rate for Mississippi as a whole, again one of the highest in the nation. Two recent analyses on matched birth and infant death data have shown that in Mississippi:

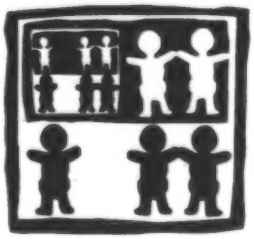
- Too many very low-birthweight babies (500-1499 grams) are being delivered in hospitals not staffed or equipped to care for these very high risk babies, increasing their risk of dying.
- Non-white infants in Mississippi have an increased risk of dying between one month and one year of age. This is a totally unexpected finding, and probably, in most instances, these deaths would be preventable with access to necessary medical care.

While the infant mortality rate itself is devastating to Mississippi's health and economic status, estimates are that for every one of the 629 infants who died in Mississippi in 1984, three times as many were probably born retarded and/or severely handicapped and may be wards of the state for the rest of their lives. The approximate cost to the state for one such handicapped individual is estimated to be $19,111 a year or $955,550 for a 50 year lifetime of care, without adjustment for inflation. If only one-third of these infants are cared for by the state, this would amount to $12 million per year.

As one can surmise, the causes of Mississippi's excessive infant death rate are multiple, and no one factor can be singled out as the major contributor. Our high incidence of teenage pregnancy, low-birthweight, poor education and low socioeconomic status, lack of access for planned delivery services and acute medical care for infants and children, and delivery in a hospital neither equipped nor staffed for high risk of mothers and infants are all important contributors. As the problems are multiple, so are the solutions.

This Task Force report is an attempt to elucidate some of the directions that should be taken by leaders within our state to address this important problem. The Infant Mortality Task Force has assumed not only the charge from the Governor's Commission for Children and Youth to evaluate the problem of excessive infant deaths and make recommendations but also has accepted the responsibilities of the Ad Hoc Perinatal Committee of the Health Care Commission with regard to standards and guidelines.

Recommendations: Public Awareness



A need exists for information to the general public, emphasizing the importance and availability of maternal and infant care and family planning services. Teenage pregnancy in Mississippi is still a major problem and in 1984 contributed to 21 percent (9,298) of total births.

Recent studies by the Alan Guttmacher Institute have shown that in countries with similar characteristics to the United States, the ready availability of health education and contraceptive services has contributed to a decrease in the number of teenage pregnancies and abortions. This is true even in countries where welfare benefits are more liberal than the United States.

In addition, in 1984, 419 Mississippi mothers received no prenatal care, and only 63.2 percent of the non-white mothers came for prenatal care in the first trimester of pregnancy versus 85.2 percent of white mothers. Unfortunately, Mississippi has one of the highest percentages of pregnant women who received inadequate prenatal care (often less than five visits) among the states in the southeast, and many mothers still do not seek early prenatal care but present themselves for delivery in the late stages of labor. Early, appropriate, comprehensive, and continuous prenatal care is critical in preventing a poor pregnancy outcome and insuring a healthy newborn. Based on this information, the following recommendations are made:

Teen Pregnancy

- **Coordination between the State Department of Health and the State Department of Education should be initiated in a statewide plan for family life education in the schools.** This plan should be comprehensive and include all aspects of health education and should not be limited to an occasional "health course." The Governor's Office should support family life education as an ongoing part of the curriculum in all public schools. Local involvement in the development of these courses and curriculum should insure local support of this education.

- **A model program currently being piloted in Mississippi which places nurses in public schools should be expanded statewide with funding through the State Department of Health and local school districts.** Establishment and funding of school-based adolescent health clinics should also be encouraged.

- **Increased awareness regarding the problem of teenage pregnancy is needed.** Statewide public service announcements regarding the problem of teenage pregnancy should be made available. Permission should be obtained from Illinois to utilize three or four of their television spots developed for the teen pregnancy campaign in that state. If untagged copies can be obtained, information pertinent to Mississippi could be added at the end of each spot. These spots should then be duplicated and distributed statewide. A toll-free phone number should be identified (perhaps the Governor's Service Line) for use on the tag. Resources for production and dubbing should be explored with interested organizations such as the March of Dimes. Television and radio stations should be asked to donate as much time as feasible to such spots and to try to place them in the prime time segments. These public information spots should also inform the public as to where resources for care are available. The State Department of Health and the Governor's Office should support and disseminate the recently developed American College of Obstetrics and Gynecology public information spots regarding the importance of a wanted pregnancy. In addition, radio should be explored as a medium for reaching teenagers. Consideration should be given to adaption of the Illinois television spots for radio use.

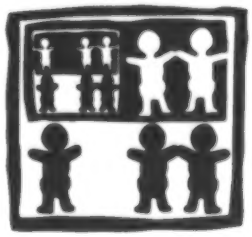
- **Financial support should be given by the Governor's Office for purchase and dissemination of additional copies of the new teen pregnancy slide presentation developed by the State Department of Health.**

- **The statewide survey recently completed on programs for pregnant and parenting teens by the Governor's Task Force on Adolescent Pregnancy should be disseminated through as many sources as possible to increase visibility regarding these services.** Many of these programs have a goal of reducing repeat pregnancies among teens.

Prenatal Care

- **Public awareness regarding the benefit and availability of early and continuous prenatal care should be sought.** Television spots, radio announcements, public service announcements, billboards, posters and newspaper articles are needed statewide to inform the population about the benefits of early and comprehensive prenatal care, appropriate and planned delivery, and ongoing well-child and acute pediatric care. Dollars should be identified by the Governor's Office to activate this campaign statewide. For example, the Coalition for Mothers and Babies is working with the Healthy Mothers/Healthy Babies Coalition in the State of New York to secure (possibly free) copies of two of the New York prenatal care campaign television spots and related promotion materials. The Coalition has made application to be one of the state organizations chosen to disseminate these spots and materials. Public service announcements and other public information should state where public prenatal care is available so that anyone wishing to avail herself of this care knows where it can be found. Locations should include public health departments, primary care centers, and charity hospitals. The Mississippi State Medical Association, the Mississippi Medical and Surgical Association, and local chapters of the American Association of Obstetrics and Gynecology, the American Academy of Pediatrics, and the American Association of Family Practice Physicians should be requested to keep a rotating list of doctors that will accept new Medicaid and/or partial pay patients.

Recommendations: Guidelines, Standards and Coordination



In a state such as ours where resources are extremely limited, it is essential that every public dollar spent on perinatal care be used to its maximum. Adequate coordination should be developed to insure that public dollars spent are not duplicated or used for untested remedies. The following recommendations are therefore made:

- **The Governor's Office has designated one entity in state government to review all federal and state funded applications under Executive Order 12372. A small group of experts designated by the Infant Mortality Task Force will review and make recommendations to the state office on all applications for federal or state dollars to be spent in the area of perinatal health.** This should include public applications coming through the health system agencies, the Health Care Commission, the State Department of Health, and others and should insure that these applications coordinate with existing services and that the new services are needed.

- **All in-patient facilities providing maternity and newborn services in Mississippi should be formally designated as to their appropriate level or perinatal care.** This designation consists of Level I, IIa, IIb, and III centers. The Infant Mortality Task Force should recommend adoption of formal guidelines for classification of these facilities, and these should be published and distributed by the Health Care Commission or its successor. Hospital classification should then be incorporated on a formal basis into the State Health Plan and also should be used by Medicaid, the State Department of Health, and any other agency looking at the use of public dollars for perinatal care. Hospitals seeking licensure or relicensure should meet the perinatal level-of-care standards.

- **Infant mortality and other pertinent perinatal statistics collected by the State Department of Health should be tabulated and compiled by public health district, by county, and by hospital of delivery.** These statistics along with analysis and commentary should be reported in a document evaluating the quality of perinatal care in Mississippi. This report should be printed annually by the State Department of Health and presented to the Governor's Office and other interested parties.

- **Any public facility seeing patients for maternity care should use a common risk-oriented record.** This should include charity hospitals, University of Mississippi Medical Center, the local county health departments, and community health centers. This record should also be recommended to any private physician seeing maternity patients. At the present time, the Hollister Record is recommended as it is being utilized by many of the groups mentioned above.

- **Confidential perinatal mortality reviews should be conducted in each public health district.** These should be held at least twice a year and should include the confidential review of matched infant birth and death certificates. These perinatal death reviews should ideally include local physician, hospital, and health department personnel. The Mississippi Chapter of the American Academy of Pediatrics, the College of Obstetrics and Gynecology, the Association of Family Practice Physicians, the Mississippi Medical and Surgical Association, and the Mississippi State Medical Association should be encouraged to sponsor or participate in such activities. The data compiled for and used in these mortality reviews should be strictly confidential and should not be available to the public.

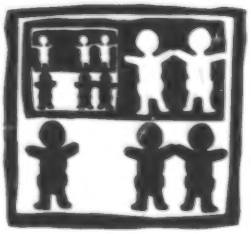
- **The Governor's Office should encourage the Legislature to immediately establish an ex-officio membership on the State Eleemosynary Board and the State Hospital Commission for two physicians, one from University of Mississippi Medical Center, and one from the State Department of Health.** These appointments would provide better coordination of care between major institutions rendering perinatal care. It is further recommended that the functions of the Eleemosynary Board be eventually transferred to the State Department of Health and the State Hospital Commission be placed with the Division of Medicaid.

- **The Governor's Office should support the phasing out of state funds for in-patient services for the state charity hospitals only when access is guaranteed by law for all patients in need of emergency care, including the emergency situation of labor. The funds currently allocated to charity hospitals should be reprogrammed to provide a funding mechanism for all poverty level patients.** Transfer of these monies to Medicaid alone will not solve the problem of access since many will still not be eligible because of Mississippi's low standard of need.

- **The Governor's Office should request that the State Department of Health in conjunction with the Mississippi Health Care Commission submit on or before October 1, 1986, a four-year plan for meeting the 1990 Objectives for the Nation regarding perinatal, maternal, and child health care and the methodologies for reaching these goals.** This four-year plan should serve as the maternal and child health portion of the State Health Plan. An update of the goals and objectives and a progress report on their attainment should be submitted to the Governor's Office thereafter. The primary goal is the reduction of infant mortality to no more than nine infant deaths per 1000 live births by 1990.

- **The Governor's Office should consider working with the Hospital Association and State Department of Health in actively developing hospital discharge summary reporting for birth defects.** This information should be compiled and made available to the State Department of Health to develop a birth defects registry. This registry should then be used for the identification and follow-up of infants with birth defects who need special services.

Recommendations: Provider Education



The Task Force acknowledges delivery of adequate perinatal care requires public awareness of the need for such care and appropriate guidelines for providers giving care. Physicians, nursing staff, and others who are responsible for providing such care should do so with the most up-to-date skills available. The following recommendations are therefore made:

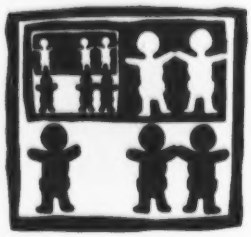
- **The Governor's Office and the Legislature should support one central source for perinatal education through the University of Mississippi Medical Center. Approval of any state or federal dollars statewide for perinatal education should stipulate coordination with University Medical Center and use of this common curriculum or protocol.** The University Medical Center Departments of Obstetrics and Pediatrics should work in cooperation with the Governor's Office, the State Department of Health, and Level II and Level I hospitals for implementation of a perinatal outreach education curriculum for all obstetrical and neonatal providers statewide. The University Medical Center has a Federal Maternal and Child Health grant which will expire September 30, 1987, and state funding should be available to continue this education project after termination of the grant. This education would provide a perinatal curriculum including care of low risk and high risk mothers and infants. Evaluation methodologies would be built into the curriculum to evaluate the effectiveness of the perinatal education for content, organization, presentation, and impact upon clinical practice.

- **The Governor's Office should support the implementation of statewide perinatal education by utilizing coordinators and instructors from University Medical Center who would provide training, monitoring, materials, and resources to regional perinatal specialists in Level II facilities statewide. The regional perinatal specialists would teach providers and promote implementation of current standards of practice.** This education would be available in Level I and Level II hospitals, birthing centers, and ambulatory clinics, with basic funding provided by state dollars and fees.

- **The Governor's Office should support malpractice carriers in making coverage of perinatal care contingent on providers' participating in at least a minimum number of approved hours of perinatal education per year.** A discount should be considered for malpractice premiums as an additional incentive to encourage provider participation. The setting of required hours should be done by the insurance carriers with consultation with appropriate groups such as the Mississippi Obstetrics and Gynecology Society, the Mississippi Chapter of the American Academy of Pediatrics, the Mississippi Academy of Family Physicians, and the Mississippi Nurses Association.

- **The Governor's Office should support the necessary funding for implementation of the nurse-midwifery education program authorized by the Mississippi Legislature in 1985.** This would provide the personnel for cost-effective family-centered care for low risk maternity patients close to home.

Recommendations: Finance and Access



Although the state may in good conscience develop appropriate standards, adequate public awareness, and proficient expertise on the part of providers in dealing with perinatal problems, the problem of access will remain unless adequately dealt with. The cost of perinatal care is borne now by several sources, including tax revenues, county funds, and insurance. This cost of care, whether planned or unplanned, is always borne by the public although not necessarily in a visible way. This Task Force recommends a more organized and planned utilization and distribution of resources to assure a system of appropriate care. This would result, over the long term, in improved outcomes for Mississippi's mothers and children. The following recommendations are therefore made:

Medical Malpractice Insurance

- **The Task Force recommends that the 1986 Senate and House consider and pass legislation which would limit the awarding of monetary damages through a cap on "pain and suffering judgements" and the elimination of the collateral resource rule** (ability to introduce other financial help received for the alleged condition). The excessive cost and availability of medical malpractice insurance is becoming an increasing factor in the diminishing participation of perinatal providers nationwide. A number of states have recently made attempts to alleviate the crisis and slow the rate of increase of malpractice cost. California has enacted legislation in this area which has been upheld by the United States Supreme Court.

- **The Task Force also recommends that sovereign immunity for the University Hospital be repealed immediately to more equitably share medical malpractice risks and insurance costs between the University Medical Center and its health care providers inasmuch as they together provide care for a predominantly high risk (medically and medicolegally) population of pregnant patients.**

Medicaid

- **The current Medicaid eligibility standards provide coverage only of families at about 35 percent of the federal poverty level. This is felt to be woefully inadequate and should be raised by the Welfare Board, supported with adequate appropriations from the Legislature, and maintained at a level at least equal to if not more than 50 percent of the federal poverty level.** This standard of need should be adjusted yearly. Medicaid is the major financial source of payment for perinatal care to low-income patients in Mississippi.

- Therefore, **the Task Force recommends that the State Medicaid Division increase office fees to pediatricians and family practitioners for child health care to a level of somewhere between $25 and $30 to encourage participation of these physicians in Medicaid.** Although many infants are born healthy and of normal birthweight, they die before their first birthday because of failure to access acute care when ill. A recent survey by the Mississippi Academy of Pediatrics shows that this level of reimbursement would result in a marked increase in participation by private providers in the provision of acute pediatric care.

- **The Governor's Office should support the continued statewide outreach through public information to families potentially eligible for Medicaid.** This should include the provision and funding of a statewide telephone hotline to be used to report perinatal access problems for both Medicaid and poor patients not eligible for Medicaid.

- **The Governor's Office should support an increase in both the number of physician office visits and the number of hospital days allowed by Medicaid to assure appropriate comprehensive perinatal care for mothers and children. There should also be an increase in the number of in-patient hospital days allowed for neonatal care and care of sick infants in the first month of life to assure appropriate care for high risk neonates.**

- **To assure that infants receive the most appropriate comprehensive care possible, the Task Force recommends to the Governor's Office that Medicaid approve only providers of EPSDT who provide a broader and more comprehensive infant and child health service than just health screening.**

Uncompensated Care

The Governor's Office is asked to coordinate with the Legislative Committee on Uncompensated Care to recommend to the Legislature by FY 1987 a proposal to address uncompensated care for perinatal services in this state. This recommendation should address not only in-patient hospital care but also should look at potential solutions to pay for uncompensated physician care and ambulatory care. This proposal should also include specific cost containment stipulations while maintaining quality of services. A number of states including Florida, South Carolina, Georgia, Arkansas, and Texas have recently passed bills which impact on uncompensated care and should be reviewed for potential application to Mississippi.

- **The Governor's Office should support and encourage a plan that would immediately give special attention to assuring planned access for hospital delivery for all women based on risk as well as acute and well-child care in the first year of life.**

- **The Governor's Office should support and recommend to the Legislature increased state funds for the Mississippi State Department of Health's High Risk Maternity Program to assure appropriate care for all high risk women at or below poverty level income who are not eligible for Medicaid.** Additional funds should also be appropriated for low risk poor women not eligible for Medicaid to assure access for a planned delivery in a hospital or approved birthing center.

- **The Governor's office should support legislation that would require employers of two or more employees, whose income must be reported to the IRS, to make available health insurance benefit plans for the employees and dependents.** The employer must pay a minimum of 50% of insurance cost of the plan to assure that employees will be able to take advantage of the plan.

Maternal and Infant Transport

A formal system for maternal transport does not currently exist in the state and is essential to appropriate and early intervention in emergency perinatal situations.

- **The Governor's Office should support a transport system that would be implemented and coordinated through the existing Office of Emergency Medical Services of the State Department of Health and the University of Mississippi Medical Center.** Funding should be made available through the Legislature to allow for training emergency personnel and needed equipment.

- **The funding of the Newborn Transport System should be transferred from the State Department of Health to the University of Mississippi Medical Center since the University Medical Center is currently operating the Newborn Transport System.** This appropriation is currently $138,000 and has not been increased in the last five years. It is recommended that the Legislature increase funding to at least $200,000 and reassess annually to cover the actual costs of providing appropriate transport.

University of Mississippi Medical Center

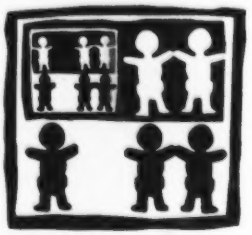
- **The Governor's Office should support, as a high priority, funding for expansion of in-patient perinatal services for the University Medical Center by the Board of Trustees of Institutions of Higher Learning.** This recommendation should be viewed in light of the currently projected number of deliveries at the University Medical Center and the statewide perinatal services provided. In conjunction with this, the Governor's Office should work with the State Department of Health, University Medical Center, primary care (330) projects, and other agencies in the greater Jackson area to develop delivery access in area hospitals other than University Medical Center. This should help reduce the delivery load at the Medical Center and allow for appropriate perinatal expansion to be made. This should include an evaluation of low risk deliveries occurring in the central part of the state with the goal of developing alternate delivery plans for these low-risk patients outside the University of Mississippi Medical Center.

- **A sliding fee scale for physician and in-patient care charges should be initiated at the state-supported acute care hospitals.** Patients below the federal poverty level should not be charged, or current charges should be at a reduced level. For patients at or below the poverty level, no delivery deposit or "up front" money should be required for delivery. A sliding fee scale should be implemented for patients above the poverty level for all pediatric and maternity outpatient care.

The State Department of Health should contact all hospital emergency rooms and request reporting to the county health department of any patients presenting for delivery who were not followed by a health provider for prenatal care. This would include any patients who have either failed to receive adequate prenatal care or simply "dropped in" to deliver. This information should then be used to insure these families are offered access to postpartum, family planning, and pediatric services.

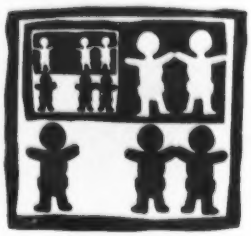
Legislative support should be provided to the State Medical Examiner to require autopsies of all infants (0-24 months) who die suddenly from unexplained causes. Additional Legislation should be passed which states that only those deaths for which there has been an autopsy should be labeled Sudden Infant Death Syndrome.

Special Studies



The Governor's Office should convene a group consisting of individuals from the obstetric and pediatric departments from the University Medical Center, the State Department of Health, the March of Dimes, and other interested groups to recommend interventions for the prevention of low-birthweight in Mississippi. Since the excessive number of small babies born correlates strongly with our high infant mortality rate, special emphasis needs to be taken to address this problem. These recommendations should be submitted to the Governor's Office by October 1986.

Summary



The above recommendations, although not totally inclusive, do detail a number of actions or steps that should be taken by various entities to deal with our excessive infant death rate. Many of these steps do not require additional money but only adequate coordination and commitment on the part of various groups. Some recommendations, if adopted, will require an increased degree of coordination and financial commitment to improve perinatal care that has heretofore not existed in this state. The Infant Mortality Task Force recommends to the Comission for Children and Youth and the Governor that this report be adopted and implemented. The Task Force is available for further detailing of specific recommendations or for assistance in individual issues regarding implementation.

Infant Mortality Task Force Members

Claude Earl Fox, M.D., M.P.H.
Mississippi State Department of Health
Chairman, Infant Mortality Task Force

Mr. Rims Barber
Director, Children's Defense Fund
Jackson

Bert E. Bradford, M.D.
Pediatrician
Brookhaven

Mrs. Barbara Brunini
Junior League of Jackson
Jackson

Mr. David Bussone
Hospital Administrator
University Hospital
Jackson

W. E. Caldwell, M.D.
Blue Cross/Blue Shield
Jackson

Ms. Beverly Courtney
Head Start
Greenville

Ms. Sandi Dietrich
Mississippi Chapter, ACNM
Madison

Mrs. Joyce Dortch
Citizen
Jackson

The Honorable Isiah Fredricks
Mississippi House of Representatives
Gulfport

Mr. Robert Jenkins
Citizen
Greenville

William L. Kahlstorf, M.D.
Obstetrics and Gynecology
Tupelo

Mrs. Jeanne Luckett
Businesswoman
Jackson

James Martin, M.D.
Obstetrics and Gynecology
University of Mississippi Medical Center
Jackson

Ms. Marcella McKay
Mississippi Board of Nursing
Jackson

Joseph R. Mitchell, M.D.
Obstetrics and Gynecology
Gulfport

Ms. Nancy W. Park
Mississippi Chapter, NAACOG
Madison

Wesley Prater, M.D.
Obstetrics and Gynecology
Jackson

Ms. Katherine Carr Ray
Heritage House
Kosciusko

Phil Rhodes, M.D.
Pediatrics
University of Mississippi Medical Center
Jackson

The Honorable Cy Rosenblatt
Mississippi Senate
Jackson

Mr. William H. Sellers
Administrator
Delta Medical Center
Greenville

Mr. Ed Smith
March of Dimes
Jackson

Hardy Woodbridge, M.D.
Family Medicine
Jackson

Resource Persons

Ms. Nita Gunter
Mississippi State Department of Health
Jackson

Ms. Elin Holgren
Mississippi State Department of Health
Jackson

Mr. Phil Laird
Mr. James "Lap" Baker
Health Systems Agency
Jackson

Mr. Robert Pugh
Health Care Commission
Jackson

Mrs. Marcia Weaver
Academy of Pediatrics
Jackson

Ms. Marilyn Williams
Mississippi Hospital Association
Jackson

END

U.S. DEPT. OF EDUCATION

OFFICE OF EDUCATIONAL
RESEARCH AND
IMPROVEMENT (OERI)

ERIC

DATE FILMED

AUG 18 1987